

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT  19-JUL-2014	TIME 06:10:00	2. ADDRESS OF OCCURRENCE 2659 S AVERS AVE CHICAGO, IL 60623	3. LOCATION CODE 303	4. BEAT/OCCUR 1031				
	5. POSITION 9161	6. LAST NAME DROZDEL	7. FIRST NAME DOMINIK	8. STAR NO. 10781	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 507	12. HT. 160	13. WT.
	14. DATE OF APPT. 04-JUN-2007	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 010 1034R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME PEREA	21. FIRST NAME JUAN	22. M.I. J	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. [REDACTED]	26. HT. 508	27. WT. 175	
	28. ADDRESS 2810 S SPRINGFIELD AVE CHICAGO, IL 60623	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	34. BY WHOM? DR. SINGH	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED [REDACTED]	DNA	37. CB NO. IR NO. 18937731	DNA		
	PASSIVE RESISTER  SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	ACTIVE RESISTER  MEMBER'S RESPONSE FLED PULLED AWAY OTHER _____ MEMBER PRESENCE VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____	ASSAULTANT: ASSAULT  IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ASSAULTANT: BATTERY  ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	ASSAULTANT: DEADLY FORCE  USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____				
	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input checked="" type="checkbox"/> OTHER _____					
	39. OC/CHEMICAL WEAPN AUTHORIZED BY (NAME) [REDACTED]	40. ADDITIONAL INFORMATION  OFFENDER POINTED WEAPON AT R/O. R/O RESPONDED BY DISCHARGING HIS WEAPON, STRIKING OFFENDER. OFFENDER TAKEN INTO CUSTODY, WEAPON RECOVERED.							
	POSITION STAR NO. UNIT	41. WEAPON TYPE  01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	42. INCIDENT OCCURRED  Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>	43. LIGHTING CDNDITONS  01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input type="checkbox"/>	44. WEATHER CONDITIONS  CLEAR				
45. MAKE/MANUFACTURER GLOCK, INC.-AU-	46. MODEL 21	47. BARREL LENGTH 4.6	48. CALIBER/GAUGE 45 CAL						
49. TASER DART ID NO. PAT530	50. WEAPON SERIAL NO. (Include Letters) PAT530	51. CHICAGO GUN REG. NO. R015835S	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO.					
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 7					
59. WHD FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO OF CARTHRODGES/SHOT SHELLS RELOADED <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	62. HOW WAS MEMBER'S HANDGUN WDRN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	70. EVENT NO. 1420003939					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DDWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
72. CASE INFO.  NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	71. R.D.N. HX35119								
SIGNATURES  73. REPORTING MEMBER (Print Name) DROZDEL, DOMINIK 19-JUL-2014 11:52:16	STAR/EMPLOYEE NO. 10781	SIGNATURE [REDACTED]							
74. REVIEWING SUPERVISOR (Print Name) MAJERCZYK, GERARD E	STAR NO. 2201	SIGNATURE [REDACTED]	DATE REVIEWED 19-JUL-2014 11:54:22	TIME 11:54:22					

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject is being treated at Mount Sinai Hospital.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon information available at the time of this report, it is the preliminary determination of the undersigned that Officer Dominic Drozdel #10781 fired his weapon in fear of his life after offender, Perea, Juan (M/4/30, IR#1291225) pointed a handgun at Officers Drozdel and Davis.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1070445 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)  
**MC NAUGHTON, DAVID R**

SIGNATURE  
[REDACTED]

DATE COMPLETED 19-JUL-2014 TIME 12:33:42

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

SUPPLEMENTARY REPORT

I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

1

ARREST REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

LOG# 1070445 /U#14-25  
Attachment 8